

Advanced Practice Registered Nurse GROUP
Provider Type 789
[907 KAR 1:102](#)

Information about the program:

- Provider must be an entity.
- Out-of-state providers can enroll.

Information to be submitted by the provider for application processing:

- [Map-811\(Enrollment\)](#)
- [Map-811 Addendum E](#) and verification of bank account/routing number such as voided check or bank letter if provider chooses to enroll in direct deposit
- [Map-347](#) for all ARNP's within the group. (Individual provider number (78) **must** be active in order to join a group.
- CLIA Certificate (if applicable)
- IRS letter of verification of FEIN or Official IRS documentation stating FEIN. FEIN must be pre-printed by IRS on documentation. W-9 forms will not be accepted.
- [NPI and Taxonomy Code Verification](#)

Important addresses:

KY Medicaid
Provider Enrollment
P.O. Box 2110
Frankfort, KY 40602